

Board of Certification of Operators of Drinking Water Supply Facilities
Division of Registration
1000 Washington Street • Suite 710
Boston • Massachusetts • 02118-6100

Application for Waiver from Training Requirements to Sit for Exams

Personal Information:

Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Day Phone No: _____ E-MAIL: _____

Grade of Exam Being Applied For: _____

Current License(s)/License No: _____

Training Course(s) Waiver Requested for: _____

Section A – Education (check applicable box and provide transcript)

☐ Certificate of competency in water treatment technology or other related technical fields with courses in the physical and/or biological sciences (courses shall be in the areas of sanitary, civil, chemical or environmental engineering, public health, biology, chemistry, or other discipline acceptable to the Board).

Note: Certificate of competency means a certificate issued by an organization, institute or school which is recognized by the Board as being appropriate for the training of a public water system operator.

☐ Associate degree or two or more years of college with at least 50% of the courses (30 credit hours) in the physical and/or biological sciences (courses shall be in the areas of sanitary, civil, chemical or environmental engineering, public health, biology, chemistry, or other discipline acceptable to the Board).

☐ Bachelors degree or four or more years of college with at least 25% of the courses (30 credit hours) in the physical and/or biological sciences (courses shall be in the areas of sanitary, civil, chemical or environmental engineering, public health, biology, chemistry, or other discipline acceptable to the Board).

Section B – Experience (provide written documentation)

☐ 2 years of full-time experience in a system with a classification equal to or greater than the Grade of the license which the applicant is seeking.

This box for Board use only.

Date Received	Date Evaluated	Board Action	Board File Number

Section C – Affidavit

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Drinking Water Certification to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

Signature of applicant

Date

The completed application, including all supporting documentation, must be submitted to the Board at the following address:

Board of Certification of Operators of Drinking Water Supply Facilities
Division of Professional Licensure
1000 Washington Street, Suite 710
Boston, MA 02118-6100

If you have questions, please contact Paul Niman at 617-556-1166 or by email at paul.niman@state.ma.us